



CHECKLIST for MOUs/ Contracts

MOU/CONTRACT CHECKLIST

Suggested by IBHP for agreements between county mental health,
primary care and substance abuse services.

	INCLUDE?	
	YES	NO
Principles and/or vision statement		
Goals and objectives		
Effective start date and period covered by MOU/contract/ agreement		
Standards for success		
Definitions (including "primary care provider" and "county mental health services")		
Target population(s) <i>(What will be the population to be served by each agency and what, if any, population will the agency not serve?)</i>		
Scope of work for each partner		
Productivity standards <i>(Will there be quotas or expected numbers of persons to be treated and/or units of service to be delivered?)</i>		
Professional credentialing and standards <i>(Are the qualifications of staff delivering services to be specified and, if so, what will they be?)</i>		
Funding sources <i>(What is the anticipated payer mix for services delivered (e.g., Medi-Cal, Medi-Care, uninsured, etc.?)</i>		

	INCLUDE?	
	YES	NO
Costs, billing and reimbursement <i>(What kind of administrative overhead is involved and how will this cost be handled? How many billable visits are anticipated? How will billing be handled? What are anticipated cost off-sets, if any?)</i>		
Ancillary service expenses, including cost and time for <ul style="list-style-type: none"> • planning • case-related phone calls • professional training • conference attendance • business-related travel • case-conferencing • other staff meeting time • assisting clients in accessing community resources 		
Staff support <i>(What support staff and equipment will be provided by the collaboration partner and what is expected to be self-supplied?)</i>		
Referral criteria and procedure from primary care to county mental health		
Referral criteria and procedure from county mental health to primary care		
Criteria and procedure for transfer of clients back to referral source and source's obligation to accept them for treatment		
Documentation needed for between-agency referral (e.g., diagnosis, medications and dosages; history; recommended treatment plan; recommended follow-up consultation)		
Client follow-up information needed by referral source (e.g., services provided, diagnosis, treatment plan, etc.)		
Expected documentation to be maintained in treatment record		
Expected timelines for initiation of services after referral		
Client consents needed		

	INCLUDE?	
	YES	NO
Handling of client preferences		
Criteria for termination of client services		
Client information-sharing between agencies and access to records		
Confidentiality provisions (What regulations and policies apply and how will they be followed?)		
Provisions for out-stationed staff (if any):		
• Who will be responsible for hiring?		
• Who will provide clinical supervision?		
• Who will oversee nonclinical matters like work hours, absences, etc?		
• How will payment for their services be handled?		
• Where and when will work space be provided for them?		
• What level staff are needed to perform the needed functions?		
• How will staff support be handled?		
• Who will be responsible for their data entry?		
• Who will order and pay for supplies for them?		
Expected outcomes and timelines to reach them		
Outcome measures to be used (e.g., Global Assessment Scale, PHQ-9, Duke Health Profile, client satisfaction surveys, etc.) and frequency of implementation		
Process measures to be used (e.g., numbers of clients served; length of time before initial visit; staff training; rate of client participation, etc.)		
Reporting requirements to partner agencies		



	INCLUDE?	
	YES	NO
Program reviews - frequency and scope (How will accountability be handled? What is expected in terms of auditing and reporting? If one agency is paying for another's services, how much access will that agency have to the contractor agency's records and documentation?)		
Psychiatric consultation available to primary care providers (type, times available, method of access, etc.)		
Physical medicine consultation available to mental health providers (type, times available, method of access, etc.)		
Ancillary medical services available to county mental health clients		
Ancillary mental health services available to primary care patients		
Communication expectations (case conferences, joint meetings etc.)		
Treatment approach and policies (Does there need to be agreement on treatment approaches—e.g., clinical methods, length of individual treatment offered; session length, etc.—and, if so, what approaches are mutually agreeable?)		
Professional training needs and requirements (What will staff training needs be—both clinical and administrative—and how will cross-training be provided?)		
Responsibility for provision of and/or linkage to substance abuse treatment services		
Language capability of each agency and cultural competency approach/handling		
Emergency response availability		
Community outreach responsibility		
Special considerations for children/youth		
Medication procurement, management and dispensing responsibilities		
Provision of care management/coordination within the clinic/agency		

	INCLUDE?	
	YES	NO
Provision of care management outside the clinic agency (e.g., helping the client with accessing community-based services and resources)		
Forum and procedure for resolving operational problems and/or disagreements		
Criteria for termination of contract or Memorandum of Understanding, including advance notice timeframe		
Other: _____		

QUESTIONS FOR INTEGRATED BEHAVIORAL CARE PREPARATION

Dr. Jurgen Unutzer, a leader in the IMPACT depression treatment model and research, posed several fundamental questions clinics needed to ask themselves to prepare for implementation of the model. These questions apply equally to clinics contemplating all types of integrated behavioral care programs:

- How will clients be identified?
- Who will prescribe psychotropic medication?
- Who will provide counseling/psychotherapy?
- Who will provide mental health back-up?
- Who will track clinical outcomes and how?
- How will treatment changes be initiated?
- How will team members communicate?
- What is the overall implementation strategy?
- Who will lead/coordinate the effort?
- What kind of provider/staff training is needed?
- What structural/program changes are needed?
- What are anticipated barriers and challenges?
- How will we measure success?
- How can the model be sustained?